

Shrewsbury Public Schools

Office of Special Education

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Report to the Shrewsbury School Committee

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Introduction

Shrewsbury Public Schools provides a wide range of clinical services to both students and families across the district. These services have expanded significantly over the past four years due to the increase in behavioral challenges and mental health challenges.

Shrewsbury has a history of providing excellent programs (ELC Programs – Early Learning Centers) and services to students on the Autism Spectrum that includes behavioral support and programs designed by highly qualified teachers with extensive experience working with children on the Spectrum. There are currently programs in four elementary schools (Parker, Beal, Spring, and Floral) that support these students. Three of the five Coordinators of these programs are Board Certified Behavior Analysts and the other two Coordinators have extensive background and experience in the field. Often times these staff are providing support outside of their program to ensure students who are struggling with mental health issues receive the necessary support.

It became very clear that there were significant behavioral and emotional challenges students faced outside of the programs offered to students on the Autism Spectrum and further clinical supports were required to meet these needs. In 2008 a Clinical Coordinator was hired to provide clinical support to the nine schools. The Clinical Coordinator is a certified special education teacher and is a Board Certified Behavior Analyst. This position has been instrumental in the decline of out of district placements for students who present with significant challenging behaviors.

Another area of great concern is the rise and severity of mental health issues students present. Psychiatric disabilities cannot be addressed with behavioral programming, but instead need a sophisticated approach to treatment. In 2010, the district contracted with a Child and Adolescent Psychiatrist to work in conjunction with the Clinical Coordinator to address these clinical challenges.

Shrewsbury has become a leader relative to providing clinical supports to students and families and more importantly partnering with community providers to expand and enhance services available to our families. Currently Shrewsbury collaborates with the following agencies and services in addition to our clinical programming and psychiatric consultation:

- Shrewsbury Youth and Family Services
- UMass Child Psychiatry Fellows
- Jewish Family Services Worcester
- Family Success Partnership

These programs will be detailed further in this report.

Clinical Coordination

Clinical coordination is provided to students, staff and families through a referral process. Services are delivered directly to students as part of their Individual Education Program or through consultation. This role has expanded over the past three years that include training staff on physical interventions, coordination with the consulting psychiatrist, home based consultation and services, family consultation and support, and consultation to families seeking services through CBHI (Children's Behavioral Health Initiative) and ARICA (Act Relative to Insurance Coverage for Autism). Due to the complexity and intensive coordination needed for home-based services, HMEA (Horace Mann Educational Associates) was contracted to coordinate the home-based services in the summer of 2011. The clinical coordinator continues to monitor and coordinate these services through this agency.

Below outlines the current services from January 2010 to present.

Clinical Services Outlined in the IEP (Individual Education Program)			
School	Direct Service and Consultation as Outlined in the IEP	Referrals and Consultation	Behavior Support Plans Developed
Parker	0	5	3
Beal	0	4	4
Coolidge	0	5	5
Paton	1	4	3
Spring	2	5	5
Floral	2	5	5
Sherwood	4	6	5
Oak	11	7	8 (1 revised)
High School	14	7	10 (4 revised)
Out of District	0	3	3
Total	34	51	51

* Approximately 51 hours per month are dedicated to student consultation in addition to direct services.

Home Consultation and Direct Services Prior to Contracting with HMEA	
Number of Students	Approximate Number of Hours Dedicated
25	83

Students with Autism who have been referred to various outside service providers and now receive in-home services through the Act Relative to Insurance Coverage for Children with Autism (ARICA)	
Beal	3
Floral	2
Sherwood	2
Students who have been referred but have not yet begun to receive services	
Sherwood	1
SHS	1

Functional Behavior Assessments From January 2010- October 22, 2010		
<p>** This table includes the hours spent interviewing staff/parents, observation of the student, creating data collection procedures, training staff on how to collect data, analyzing data, producing the report and meetings. It does not include the amount of time spent creating follow-up behavior support plans, training staff and implementing the plan.</p> <p>** This table does not include observations and follow-up recommendations that were not completed as an FBA or other evaluations of student behavior and/or programming</p>		
School	Approximate number of hours	
Beal	20-22	FBA completed in regards to behaviors of concern both at home and in the school setting. Follow-up plan developed for the student. Student is now part of the Clinical Coordinator's active caseload.
Beal	20-22	FBA completed evaluating parent concerns around student's behavior at school. Student transitioned to next school. Clinical Coordinator available on an as needed basis
Paton	18-20	FBA completed as part of a second initial evaluation for SPED services. Student found eligible however, Clinical Coordinator consults to student's educational TEAM

Sherwood	20-26	FBA completed as part of initial evaluation for SPED services. Student is now part of Clinical Coordinators caseload
Sherwood	18-20	FBA completed as part of initial evaluation for SPED services. Student is now part of Clinical Coordinators caseload
Oak	13-15	FBA completed. A follow-up plan was not developed. The student is not a part of the Clinical Coordinator's active caseload
SHS	20-22	FBA being completed. Working in conjunction with in-home staff to hypothesize function of behavior across environments.

Staff trained in Strategies of Limiting Violent Episodes (S.O.L.V.E.) to date	
A total of 5 trainings have been completed since Spring of 2008 Trainers: Elliott Nerland, Daryl Rynning, Janet Murphy, Kristin Herrick	
Building	Number of staff certified
Parker	3
Beal	6
Coolidge	3
Paton	3
Spring Street	7
Floral Street	7
Sherwood	3
Oak	4
SHS	4
Total	44

Psychiatric Consultation

Dr. Kimberlee Kusiak is currently contracted four hours weekly, three weeks each month to provide consultation across the district. Through a grant this year, an additional two hours weekly have been added. Dr. Kusiak works with Elliott Nerland, the clinical coordinator to address the referrals across the District.

**Total Number Of Consultations To Teams Across The District
October 2010 to August 2011**

** This does not include telephone calls made to outside service providers or planning/work sessions

School	Number of meetings per school
Parker	0
Beal	0
Coolidge	2
Paton	4
Floral Street	2
Spring Street	2
Sherwood	12
Oak	15
SHS	17
Meetings with Melissa Maguire	6
Total	62 – Average of 3 meetings per round

**Total Number Of Consultations To Teams Across The District
September 2011 to November 2011**

** This does not include telephone calls made to outside service providers or planning sessions

School	Number of meetings per school
Parker	0
Beal	0
Coolidge	0
Paton	0
Floral Street	2
Spring Street	0
Sherwood	5
Oak	4
SHS	6
Meetings with Melissa Maguire	2
Total	19 – Average of 3 meetings per round

Total Number Of Referrals Consultation Was Completed On Per School October 2010 to August 2011	
School	Number of students
Parker	0
Beal	0
Coolidge	2
Paton	3
Floral Street	1
Spring Street	1
Sherwood	6
Oak	10
SHS	15
Total	38 students

Total Number Of Referrals Consultation Was Completed On Per School September 2011 to October 2011	
School	Number of students
Parker	0
Beal	0
Coolidge	0
Paton	1
Floral Street	2
Spring Street	0
Sherwood	4 (1 repeat student from 10-11 school year)
Oak	2 (1 repeat student from 10-11 school year)
SHS	5 (1 repeat student from 10-11 school year)
Total	14 students

Behavior Support Plans Composed Following Consultation October 2010 to August 2011		
School	Total number of students	Number of Plans Developed
Parker	0	0
Beal	0	0
Coolidge	2	1
Paton	3	2
Floral Street	1	0
Spring Street	1	0
Sherwood	6	3
Oak	10	6
SHS	15	3
Total	38 students	10 developed 5 – existing but revised as part of consultation

**Consultation For More Intensive Evaluations Or Medical Supports
October 2010 to October 2011**

** This does not indicate whether or not the student's family followed up on accessing the supports that were recommended.

School	Recommendation for 45- day evaluation	Recommendation to parents for further medical evaluations	Recommendation to refer student to SYFS	Recommendation to refer student to the Child Behavior Health Initiative (CBHI)	Development of emergency plans for Youth Mobile Crisis Team or admission to EMH
Parker	0	0	0	0	0
Beal	0	0	0	0	0
Coolidge	0	1	1	0	0
Paton	0	1	1	0	0
Floral St.	0	0	0	1	0
Spring St.	0	1	0	0	0
Sherwood	0	4	2	4	2
Oak	1	2	2	2	1
SHS	2	2	1	2	4
Total	3	11	7	9	7

Services Through Shrewsbury Youth and Family Services

Shrewsbury Youth & Family Services, Inc. (SYFS) would like to report and highlight the ongoing, multi-faceted, effective, and beneficial working relationship with various sectors of the Shrewsbury Public School district and by extension, the community at large.

We hope to be an annual report item to the School Committee. Two highlighted items of interest will be reviewed for the School Committee, Shrewsbury Public Schools (SPS), and Shrewsbury Families:

1. An overview of past and current programs, services, and collaborative efforts serving Shrewsbury schools and Shrewsbury's school families.
2. Potential ideas, concepts, and opportunities for further collaborations and service partnerships between SYFS and SPS.

Past and Current SYFS – SPS collaborations and services to be highlighted:

- SYFS School Based Counselors at various sites (varies year-to-year), including Floral St. Elementary, Coolidge Elementary, Spring St. Elementary, Paton Elementary School, Sherwood MS, and Shrewsbury High School
- L.I.F.E. Afterschool Program at Oak MS (2005-2009)
- TheraPM group at SHS (ongoing)
- Shrewsbury Community Partnership for Children (SCPC) , for pre-school population (now defunct, as of 2010)
- Parent Workshop Series (periodic)
- SPED PAC (Special Education Parent Advisory Council)– workshops, parent support group (2008-on, as needed)
- District Wide Forums on Teen Issues, Underage Drinking (2007, 2009)
- BOA (“Breathing Out Anger/Anxiety”) Group at Middle Schools
- Anti-Bullying Program at Sherwood Middle School
- T.R.A.I.L.BLAZERS Youth Leadership Institute at Shrewsbury High School
- You Go, Girl! Summer Group for pre-teens; new You Go, Girl! Afterschool Group (FALL 2011)
- Outpatient Counseling Services to Shrewsbury Families, referred by SPS
- Health Advisory Council (H.A.C.) participation / membership
- Various Afterschool groups (“Kids for Character” at Floral Extended School Care Program, Nutrition/Wellness Programs at St. Mary’s afterschool program, Organizational Skills groups at Sherwood Extended School Care Program (2009))

Current and Future collaborations for SYFS-SPS:

- Continuation of all existing programs/services listed above
- *Partnership For Healthy Pathways* (PHP) coalition, a multi-town service program (for PEP Grant)
- Family Assessments for cases that are challenging to engage
- Various Support Groups: (Children of Divorce at Oak MS, Girls Stress Reduction Group (“Simply Relax”), P.U.L.S.E. 4 Girls (SHS), Sibling Rivalry Group, etc.)
- Continued SYFS presence at various school sites to assist with counseling services, linkage to SYFS Outpatient Counseling Services
- Continuation of Youth leadership development programs
- Continued development of programming for SPED PAC.

Shrewsbury Public Schools looks forward to the continued partnership with Shrewsbury Youth and Family Services.

Partnership with UMass Child Psychiatry Fellows

Shrewsbury has entered into a partnership with the UMass Psychiatry Department to host the Child Psychiatry Fellows. Each Fellow completes a six-month rotation across the district. They are scheduled to visit classrooms weekly for a four-hour block of time in each school building. They are mainly observing classroom behaviors of both typical children and children with disabilities.

In addition, once a month they meet with the districts consulting psychiatrist and clinical coordinator to review cases. They are able to provide feedback and recommendations to teachers when asked.

The goals set forth by the Child residency Education Committee include:

At the end of the School Consultation rotation, the child psychiatry resident will be able to demonstrate the following knowledge, skills and attitudes of all six core competencies:

Educational Goals:

- Extrapolate the consultation process to school environments, and practice consulting to schools.
- Visit schools to enlarge one's repertoire of educational options for children and adolescents.
- Integrate research on effective schools and teaching practices.
- Examine child and adolescent development within the context of schools.
- Recognize, assess, and plan interventions for students with learning disabilities.
- Identify appropriate biopsychosocial interventions to enhance diverse students' functioning.
- Examine educational programs to promote mental health.
- Prepare for the school consultation components of the Child Psychiatry Board Exam
- Learn about community partnering and prevention program

Partnership with Jewish Family Services (JFS Worcester)

The Shrewsbury Public Schools and JFS Worcester have entered into an agreement to collaborate in developing specific planning for "School Based Consultation to Improve Social/Emotional Skills." The goal of this collaboration is to design and implement strategies that teach social and emotional skills to children who are struggling academically and behaviorally. These services involve classroom observations and consultations by JFS Worcester child clinicians with Shrewsbury Public School teachers, administrators and parents.

The services target specific children identified by school personnel, as well as classroom based strategies that are beneficial to all children in the classroom. This model of prevention/intervention is based on an evidence-based model called Positive Behavior Support (PBS). PBS is a prevention model that strives to implement specific strategies within the classroom as a means of reducing AND preventing challenging behaviors. This partnership is fully funded through a grant obtained by Jewish Family Services.

Family Success Partnership (FSP)

The Family Success Partnership, through the Assabet Valley Collaborative, is a family centered program that expands the mutual capacity of schools, state agencies and programs, human service agencies, and community-based resources to provide a flexible, comprehensive and accessible system of services to children with mental health needs that are beyond the scope of the school, but do not meet traditional eligibility requirements for state agency support.

FSP utilizes a wraparound model to serve at-risk students and their families whose challenges prevent success and well being in school.

FSP is a grant-funded program supported by the Robert Wood Johnson Foundation, Metrowest Community Health Care Foundation, Sudbury Foundation, and the C.F. Adams Charitable Trust.

Currently Shrewsbury has five slots allotted through this grant to support families who would benefit from these services.

University of Massachusetts Emergency Mental Health Statistics (2009)

Year to Date through September 30, 2011

	1-12 Years Old	13-17 Years Old
Total Evaluated by EMH	212	551
Placed In Locked Psychiatric Facility	18	103
Placed Elsewhere:	194	448
***Residential Unit (unlocked psychiatric facility)		
***Home		
***Key Program		
***Foster Care		
***DYS		

Northern Worcester County Youth Mobile Crisis Team:

Children's Behavioral Health Initiative Services *in Response to Rosie*

D class action lawsuit filed in 2001 in Massachusetts

The federal Medicaid Act provides comprehensive protections for children. Under the Early Periodic Screening Diagnosis and Treatment (EPSDT) provisions of the Act, children have a federally-protected right to all medical and mental health treatment that is necessary to improve or ameliorate a diagnosed condition.

As the number of “stuck kids” in hospitals and residential programs continued to increase between 1996-2000, and a **crisis** in children’s mental health services began to emerge, it became obvious that Massachusetts was not complying with its legal obligations under the Medicaid Act.

Relevance to Schools:

- Unaddressed behavioral health needs underlying or exacerbating students’ struggles in school:
- Children suspended more than 10 days had average of three mental health diagnoses (Rappaport 2006)
- Students with mental health needs had a much higher rate of absenteeism, tardiness and lower grades (Gall et al., 2000)
- Hospital admissions interrupting educational services
- Students left considering more restrictive environments in order to have their social, emotional and behavioral needs met

Mission

The Children’s Behavioral Health Initiative is an interagency initiative of Massachusetts’ Executive Office of Health and Human Services whose mission is to strengthen, expand, and integrate Massachusetts state services into a comprehensive, community-based system of care to ensure that families and their children with significant behavioral, emotional, and mental health needs obtain the services necessary for success in home, school, and community.

Summary

Shrewsbury Public Schools will continue to assess and address the wide range of clinical services to both students and families across the district. The district will persist in its’ efforts to address the social and emotional challenges students face to ensure they have successful and meaningful learning opportunities.